

CITY OF LEBANON, KENTUCKY
P.O. BOX 840, LEBANON, KY 40033

FORM NO. 520

(Please Review Instruction Sheet Before Completion)

LICENSE FEE RETURN

BUSINESS NAME			CALENDAR OR FISCAL YEAR ENDED		
			MONTH	DAY	YEAR
STREET ADDRESS			FEDERAL TAX ID OR SSN		
CITY	STATE	ZIP CODE			

COMPUTATION OF LICENSE FEE

1. Net Profits Subject to License Fee (Enter Line 7, Schedule A, Page 2.)	\$	
2. City of Lebanon License Fee @ 1%...	\$	
3. Interest @ 12% per annum	\$	
4. Penalty @ 5% per month or portion of month	\$	
5. Total (Items 2, 3, and 4)	\$	
6. Less Credits (Enter Line 2, Schedule D, Page 2)	\$	
7. Balance Due	\$	

QUESTIONS (ANSWER FULLY)

1. Check Which: Corporation, Partnership, Individual Owner, Fidiciary, Other (State) _____
2. Nature of Business (Trade) _____
3. Date Business Started or Trust Created _____
4. Did you pay a business privelege License for the Previous Year? Yes No
5. If Organization was Discontinued, State Whether by Dissolution _____ or Sale _____
If by sale, give Name & Address of Successor Organization _____
6. Did you have any Employees in Lebanon during the taxable year? Yes No
7. Has the Lebanon License Fee been withheld from All Subject Employees and Remitted Quarterly in accordance with Regulations?
Yes No, Explain _____
8. Has Return of Info. for Each Employee, as Per the Regulations Been Forwarded to the License Fee Division? Yes No
9. Check Whether this Return is prepared on Cash _____ or Accrual _____ Basis.
10. Show Name and Address of each place of Business operated Subject to Lebanon License Fee and check if not included in this return.

	Not Included

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Individual Preparing Return	Date	Signature of Taxpayer	Date
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THIS RETURN MUST BE FILED AND PAID IN FULL ON OR BEFORE APRIL 15, OR WITHIN 105 DAYS AFTER CLOSE OF FISCAL YEAR PER ORDINANCE 07-17 SUBMIT A COPY OF SUPPORTING FEDERAL INCOME TAX RETURN ALONG WITH THIS RETURN.

Make Check Payable To: CITY OF LEBANON Mail To: TAX ADMINISTATOR, CITY OF LEBANON, P.O. BOX 840, LEBANON, KY 40033

SCHEDULE A
Computation of Net Profits Subject to License Fee

1. Net Income Per Federal Return, Form 1040 _____; 1041 _____; 1065 _____; 1120 _____.....	\$.
2. Add Items Not Deductible Under License Fee Ordinance (Schedule B)	\$.
3. Total (Line 1 plus Line 2)	\$.
4. Deduct Item Not Subject Under License Fee Ordinance (Schedule B)	\$.
5. Adjusted Income for Calender Year 20____ or Fiscal Year Ending _____	\$.
6. Percent (As Determined by Schedule C)	%
7. Net Profits Subject to Lebanon License Fee - Enter as Item 1, Page 16	\$.

SCHEDULE B

Adjustment of Net Profit for Federal Tax Purposes to Provisions of Lebanon License Fee Ordinance
NOTE: Add And/Or Deduct Only Those Items Which Are Included In Calculating Net Income Per Federal Return

ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT SUBJECT - DEDUCT	
A. State or Local Taxes Based on Income	\$.	G. Interest on Corporate Bonds	\$.
B. License Fee under this Ordinance	\$.	H. Interest on U.S. Government Securities	\$.
C. Net Operating Loss Deduction	\$.	I. Royalties on Patents, Copyrights	\$.
D. Partners' Salaries (attach schedule)	\$.	J. Dividends	\$.
E. Other Items (list)	\$.	K. Capital Loss	\$.
	\$.	L. Other items (list)	\$.
	\$.		\$.
F. Total Additional (Enter as Line 2, Schedule A)	\$.	M. Total Deductions (Enter as Line 4, Schedule A)	\$.

SCHEDULE C

Business Allocation Percentage Formula

Divide (A) by (B) to obtain Decimal - Carry Out Decimal at Least 6 Places

ALLOCATION FACTORS	Column 1 Lebanon Factor (A)	Column 2 Total Factor (B)	Column 3 Percentage
1. Gross Sales of Merchandise, Less Returns and Allowance (Do Not Include Include Discounts Allowed)	\$.	\$.	
Charges for Work or Service Performed	\$.	\$.	
Other Income	\$.	\$.	
Total Business Receipts Factor	\$.	\$.	%
2. Wages, Salaries, and Other Personal Service Compensation	\$.	\$.	
Total Net Wages Factor	\$.	\$.	
3. Total Percents			%
4. Average Percentage (Carry Percentage in Col 3 to Line 6, Schedule A)			%

SCHEDULE D

Credits

1. Amount Minimum License Fee Paid For Taxable Year (License # _____)	\$.
2. Estimates & Extension Payment(s)	\$.
3. Total Credit (Enter As Item 6, Page 1)	\$.